

Peínamania: Processed Food Addiction.

‘Disease VS. Redemption’

A Processed Food Addict’s Plight

Karren-Lee Raymond PhD

Cite as: Raymond, K-L. (2022). Peínamania: Processed Food Addiction. ‘Disease VS. Redemption’. A Processed Food Addicts Plight. Karren-Lee Addictionology®: Brisbane Australia.
<https://addictionology.com.au/publications/>

Introduction

Processed food addicts carry so much SHAME and are always looking for ‘redemption’.

For example a patient, obese in their early years, has been teased and mocked at school for being overweight. Enduring pain and anguish through their life, they try and make up for it in a myriad of ways to ‘hide’ their total inability to control their processed food intake, like the majority of those around them. Hence, they believe they are bad, and a typical adage of a processed food addict is, ‘I am a leper¹ in society; I am a worthless piece of s****!’ Back in the late 1800s and early 1900s, alcoholism was also seen as a disease of ‘moral’ sinning (White, 2014) and considered to be a character weakness (Mitchell, 2022).

1. What is an Addiction?

An addiction is a chronic disease analogous to other chronic diseases including diabetes, cardiac disease, cancer, stroke and arthritis, to name just a few. A chronic condition is a disease (also referred to as a human health condition) that is persistent or otherwise long-lasting in its effects, or develops and progresses over time. The term ‘chronic’ is often applied when the course of the disease lasts for quite a period of time.

¹ The classification ‘leper’ was given to many social deviants in the early ages, meaning that people in their community avoided them because they had done something to shock or offend others.

Conversely, an illness which is lifelong because it ends in death is labelled a ‘terminal illness’. However, it is possible and not unexpected for an illness to change in definition from terminal to chronic. For example, diabetes and HIV were once terminal yet are now considered chronic due to the availability of insulin for diabetics and daily drug treatment for individuals with HIV, allowing these individuals to live while managing symptoms. We can now say the same about processed food addiction – the disease of peínamania. It is not a death sentence, or an involuntary suicide. Yes, the disease of peínamania is terminal if left untreated; however, today we have treatment for processed food addicts which allows them to live while managing symptoms.

Lastly, it is important to note that chronic conditions may have periods of remission or relapse where the disease temporarily seems to go away, or subsequently reappears. The slip/relapse demonstrates a marked similarity between processed food addicts and ‘normal’ victims of other diseases. Diabetics and cardiac patients (pts.) are prescribed stringent treatment procedures. When they violate any of these procedures, nothing may happen at first but not long after, if they start to disregard the directions given, sooner or later they relapse. This and the majority of individuals suffering from a chronic malady, decided they don’t have to follow directions – and that’s human nature. It’s life! It is present everywhere, not solely among processed food addicts but among all kinds of people.

The solution is clear: the pt. must understand the nature of their disease, be mindful of the facts of her own individual case and the nature of how this disease has manifested in her (morbid obesity, overweight, norm/underweight, lifelong disordered eating diagnoses) controlled through binge/starve/diet/lax/vomiting/weight-loss surgery, etc.), and follow the specialists orders. Hence, it is pointless to speak about the processed food addict’s mind, just as it is to try and describe something called the ‘cardiac mind’ or the ‘diabetic mind’. My pts. benefit mostly if I can primarily help them perceive they are primarily human beings afflicted with human nature – the concept that underpins this paper.

The processed food addict is treated for the disease of processed food addiction, NOT for being a ‘weak-willed glutton’. Individuals who are or who know someone with the predisposition to processed food addiction will identify here, and no doubt apply their own spin on this – not being a worthy human being, not being of value, full of shame, blame and guilt – because of their inability to control their weight, a symptom of the disease of peínamania.

2. What is Processed Food Addiction? (The disease of peínamania)

Is it merely a compulsion? A psychological disorder? The manifestation of a neglected, abusive upbringing lacking in parental nurturing? Is it behavioural, meaning, ‘I have to learn not to do certain things that precede ingesting?’ Currently, there is the product known as ‘Noom’ which is available for those who are able to use the psychological approach – behavioural and mental changes – to control their ingesting with positive results. However, this is impossible for a processed food addict.

For more in-depth information: <https://addictionology.com.au/>

If you ponder active addiction timelines over the decades, most processed food addicts will generally have experienced times when trying to minimise the severity of their condition – ‘weight problems’ we called them in those days – with little sustained success. Typically with this approach, there is a general desire to call the addiction something much milder than ‘addiction’. This is a protection mechanism for the processed food addict from having to face the inevitable diagnosis of processed food addiction. Hence, using the terms compulsive overeater, emotional eater, food addict, or ‘I am suffering from binge eating disorder, anorexia, bulimia’ etc., which keep a processed food addict in denial to their truth. This thus allows the processed food addict to (1) try to avoid the lifestyle elements of addiction that need to be changed, and (2) continue to fantasise (delusional thinking) that ‘somehow, someday, someday’, they will be able to control and enjoy their ingesting – just like normal people!

Hence, for a processed food addict:

“The heart and soul of recovery from processed food addiction is the acceptance of the disease concept of ‘addiction’ ”

Notably, once again we are reiterating ‘the disease concept of addiction’, not a psychological disorder, or a self-esteem problem, unworthiness, etc., but *an addiction*. This is, primarily, the core of what a processed food addict suffers from and is the prime driver for the processed food addict (or anyone with an addiction for that matter) to be encouraged to seek professional help.

All the other nomenclatures are less ‘stigmatising’, giving the individual a veneer of hope and respectability than being diagnosed as a processed food addict. *“What do you mean I’m a processed food addict! I most certainly am not!”*

The notion of eliminating processed food is very overwhelming and frightening to most processed food addicts. Hence, society (either by ignorance and/or misunderstanding) drives to cognitively lessen the enormity of the disease by defining it away using other labels; calling it a mere compulsion, or just a problem with sugar, flour or wheat/carbs. As they are experts at self-justifying, and self-diagnosis, the processed food addict has the well-practised knack of making anyone believe them. What is even more detrimental for the processed food addict is they believe what they are saying too – delusional thinking at its best! As the processed food addict transforms the malady by definition (what we ‘label’ ourselves and in some cases use a ‘professional’ eating disorder clinician’s diagnosis etc.), we benefit ourselves (or so we think) by receiving the additional benefit of leaving intact the fantasy for every processed food addict. “Somehow, someday, some way, I will be able to control and enjoy all food and ingest like normies.”

The patients I treat come to me because they typically suffer the R.I.D.s (restlessness, irritability and discontentment), both when ingesting and not ingesting. They have fundamentally tried every trick under the sun to beat this thing ... but finally the ‘game is up’. Hopefully, sooner rather than later the ‘potential’ processed food addict will either face this prognosis, continue to ingest, or end up making their way to using narcotics and other substances (if they haven’t done so already) and/or wind up in mental institutions/psych wards.

Finally, the processed food addict comes to understand the frank recognition that there exists a straightforward connection *between processed food and the phenomenon of craving* (Dr Silkworth, Silkworth, 1939) for amplification analogous to the disease of alcoholism). This, along with tolerance and withdrawal symptomatology, is the specific distinction of a processed food addiction diagnosis. Moreover, this introduces us to the mental twist and phenomenon of craving – the physical allergy that is apparent as a symptom of the disease of addiction.

For further information, please refer to a published paper on the mental twist and processed food addiction which can be found at www.addictionology.com.au

Insanity – mad, bad, crazy – or none of the above!

This, and only this, is the reason it is necessary for a processed food addict to seek the help of a higher power/God in their lives – for restoration to sanity. Am I insane, mad, bad, etc. ... what does this actually mean? I am powerless to stop when I start ingesting processed

food; however, prior to the ingesting, I am insane when it comes to thinking I can control when or where the mental twist kicks in. Nothing can stop me from taking that first bite, lick, or scrape. Understanding I have the disease of processed food addiction, not because I am *bad*, but because I just do, is the way it is and there's no way of getting around it.

Was there any mention of being bad, worthless, a piece of s*** etc.? NO. The processed food addict suffers from a disease, an illness, a chronic malady. That is why there is a need for help in a higher power/God (as I understand Him – AIUH), for if/when the mental twist kicks in, the higher power restores the processed food addict's thinking to sane thinking – *“If I ingest this piece of ??? it will hurt me.”* In fact, when the disease is in remission, the processed food addict is now able to say no, or even more importantly, is very rarely interested in processed food anymore.

3. There's More at Play than Fighting the Disease

The devilish little imp that we come to know so well sits on our shoulders and whispers sweet nothings in our ears and sells us the same story over and over again. *You are the problem and you need to be fixed and redeemed for your badness. If you let me 'fix' your badness, and redeem you then you'll be normal, just like everyone else.* But then we 'owe' – what seems invisible to the world – this imp. Odap is a conditional LOWER POWER. It rhetorically tells the processed food addict, *In order to get well – not that you're actually sick, you just have weight problems, everyone has weight problems, remember – you'll have to continually seek treatment, attend a support fellowship, go to meetings, stay in touch with 'recovery buddies' and the list is endless. UGH!!! You don't want to go to all that effort and money.*

His sales pitch is second nature to the processed food addict. It is what they are used to hearing, the only voice they ever hear and know. *Try this diet, person, place, or thing; it will be different this time ... Remember when you lost 'x' amount of weight 2/5/10 years ago, you felt so good. You were on top of the world. You can do it again! You just have to do things differently this time yada, yada, yada ...*

It continually chastises, demeans, and presents itself as the voice of reason, as their reality, telling the person suffering from the malady that this is what everybody thinks but is too frightened to say, setting up a path of redemption.

You are bad because you cannot control your ingesting like everyone else. Everyone thinks you are a glutton. If they really got to know you then you would have no friends.

This leaves the processed food addict doing anything they can to be a ‘good girl’.²

Hence, here is where the processed food addict ratifies the dance with the devil and begins to REDEEM themselves, believing this is the only way of ever being a normal weight and the *only* way they will ever be happy and worthy. In fact, there are many different ways each individual processed food addict takes on this life and death predicament of redemption.

For example, a processed food addict may use sex as a gateway to ingesting. It is so shameful and embarrassing to them, they can’t possibly tell anyone what they do and yet they cannot explain why they cannot control it; they must be bad because others can control it. Another form of redemption is helping’. The person believes they have to help everyone, save the world (animals, humans, the environment, etc.). They owe the world something because of their ‘badness’ for being a processed food addict. If they help and save whatever the obsession is, then they will be ‘paying’ back the world for how bad they are.

Moreover, I also treat a lot of pts. coming from a Christian upbringing or education. What stops them from getting help is their block around God; they believe there is no way God could ever forgive them for being a processed food addict, hence they see ‘God’ in the redemption realm.

Thinness as a moral standard may derive from religious as well as secular notions of morality. In the past, historians have attributed the fervour of moral contempt or scorn for someone being fat to the images of thinness long associated with Christian self-denial and saintly virtues. This disease is cunning, baffling, powerful, and most of all subtle. Breaking the anchorage that the disease appears to have over the processed food addict is essential in treating processed food addiction.

² Typically, a processed food addict lives a dichotomous life beginning with either being good or bad, successful or a failure, perfect or imperfect; someone who either does it (something) or doesn’t complete it, does things flat out or comes to a full stop. A pt. shares: *“My disease of peínamania played out in me being either a good girl or I was bad. If I was a ‘good girl’, I would stick to my diet, clean my teeth, put makeup on, present myself becomingly, be extra nice, the ‘best’ worker at work, stick to my gruelling exercise routine, do extra things for people all the time. I had so many rules I ‘had’ to follow; I wasn’t even allowed to swear – I was Miss Pollyanna in the flesh etc. BUT! If I busted, that is, ate one thing ‘wrong’ that was not on my diet, or didn’t exercise enough or whatever, then I was a bad girl. I wasn’t allowed to talk to anyone, I didn’t shower, clean my teeth and mostly the more my disease progressed, I found myself some days living in my bathrobe, sitting on the couch watching T.V. all day bingeing. This rollercoaster life was as I describe it ‘an involuntary suicide’. Whether I would die by secondary physical complications to this disease or from my ‘maniac mind’ never shutting up, it didn’t matter. I know today, I don’t have to live that way anymore. My disease of peínamania is in remission.”*

3.1 Redemption or a Disease?

Scholars throughout history suggest that an emphasis on dieting and an attack against fat arose as a moral counterbalance to the increasing materialism and sexual permissiveness of the early 20th century. Hence, one's dominance over the body and deliberate self-sacrifice, exemplified by 'the diet', parallels the traditional Christian means of the redemption/atonement of sin through self-denial. In the mid-20th century, sedentary lifestyles became more apparent with the introduction of labour-saving devices such as washing machines, as well as the introduction of cars. Hence, fatness became associated with laziness, and dieting became a means of demonstrating moral character in an age of increasing leisure, sexual permissiveness, and acquisitiveness (greedy decisions based on self-interest).

The point highlighted here is, it does not matter what the historical roots are; diet, along with one's body shape, has been carried into the domain of morality in dominant western cultures. Odap (the devilish little imp) capitalises on this moral discourse by claiming to bestow a moral superiority on women who gain mastery of their own bodies, desires, and appetites. This encouragement – to the processed food addict who doesn't cooperate with odap, it is a matter of life and death – towards selfless giving underpins odap's requirement for self-sacrifice and the obligation to please others as another 'virtue' which must be mastered. This fosters feelings of guilt and 'badness'.

In religious terms, odap claims the rights of being religious to judge the processed food addict's spiritual status as that of either a saint or a sinner. Here, you will begin to see where the processed food addict's dichotomous thinking comes from. The responsibility of making others happy is a heavy burden to bear. Like perfection, it is impossible to fulfill, and the failure to do so results in lashings of guilt. This moral injunction ensnares people in the odap loop of sin and ELUSIVE REDEMPTION. Hence, the processed food addict who feels compelled to put the needs of others ahead of their own is left vulnerable to exploitation and abuse. If selfless giving persists in a relationship where that 'ethic' is not reciprocated, inequities (a lack of fairness or justice) can quickly develop. If the processed food addict is unable to value her own life and her own desires, she is likely to remain in the relationship at the cost of her own self-respect and self-confidence. The ensuing feelings of self-blame, shame, and guilt play right into the hands of odap, which entices her with promises of moral REDEMPTION, which is really an emotional anaesthesia – a sense of control which is every processed food addict's dream/desire.

Self-subjugation

As the processed food addict is 'bound' by odap to give of themselves compulsorily, it separates her from the consciousness of her own desires, preferences, and values. She feels unable to (or really does not know how to) have a loving, functional relationship without pandering to the desires of others. Having a limited awareness of who she is reduces the anxiety and distress she feels in the event of any conflict arising between what she desires and what the other person desires. The processed food addict typically spends the majority of her life renouncing herself (giving her power to all and sundry in the desperate need to be wanted, needed, and loved) instead of acknowledging herself – her desires, needs, and wants and a right to live in this world just as much as anyone else.

Finally, once odap has undermined the processed food addict's sense of moral goodness, then typically it is easy to convince her that because she is a bad person (one look in the mirror will reiterate this), she will have a bad life and deserves nothing better!!

K-L Note: I started off with a narrative on processed food addiction which went underground when I put focus on odap – the devilish little imp. This was unconscious on my part. To treat this disease primarily means the processed food HAS to be eliminated and the processed food addict will begin to get well and learn how to live a fulfilling, spiritual life without odap's voice second-guessing them every time they breathe.

Where does the Disease of Processed Food Addiction Fit into all this?

Hitherto, I have highlighted how the disease has given the addict this redemptive attitude. Just for starters, it is all their fault and they are bad for being a processed food addict. They have to be good to receive any kind of help. *"I have to be good, well-mannered, be nice, comforting, kind, not rock the boat, shut my mouth. I really know God doesn't like who I am; I'm not good enough,"* etc.

If this is what the disease is telling the processed food addict and they actually believe it is really 'themselves' saying it, then it is essential to unmask this disease for what it is and not continue to allow it to hide or be camouflaged under nomenclatures analogous to comparing apples with oranges. They are both fruit, but there is a difference. Processed food addiction and 'disordered' eating both have in common a person's ingesting of food. However, one is a disorder and can be treated successfully with psychoanalytical/pharmaceutical approaches, while the other is an addiction which is treated primarily by the permanent elimination of processed food along with an understanding of:

- their disease
- how the disease of peínamania manifests
- why they must continue to treat their disease daily
- what this daily care plan involves
- how to live their lives according to spiritual principles.

Facing reality, who wants to be a processed food addict? The individual will do *anything* other than accept let alone admit they have this disease and are ‘powerless’ over processed food. Even more challenging, their life becomes unmanageable. It is innate for any person to cry out when challenged about their own powerlessness – no human being eagerly wants to admit utter defeat! However, processed food has its way with the individual. They can’t function while ingesting it, and they can’t function without ingesting it – they can’t imagine a life with active processed food addiction and they most certainly cannot imagine a life without processed food in some way, shape, or form.

3.2 Why Must the Potential Processed Food Addict Seek Professional Help?

A large part of treating the disease of processed food addiction is understanding why the processed food addict has sought treatment. Primarily, they attend a treatment clinic because they are a processed food addict. This leads to the truth: *“We all need some higher power and spiritual principles to restore us to sanity, not because we are bad and have done something wrong but because we have suffered horrifically from processed food addiction.”*

This is how odap keeps the processed food addict locked in a self-built prison; the devilish little imp is the judge, the juror, the jailor, and the warden. While we are *redeeming* ourselves, we still don’t accept and understand why we primarily sought treatment. It is paramount that one’s treatment comes from a professional who has had scientific instruction and practical experience with addiction – in this case, processed food and processed food addiction – the disease of peínamania, which is essential in such specialised treatment. The processed food addict forgets they sought help because they couldn’t do it anymore – they tried every approach under the sun to ‘beat this illness’ but nothing prevailed until through desperation, they finally understood this is a disease which is not going to go away and in fact like any other chronic malady will progress if not treated.

4. What is Redemption?

Redemption is about having to change our ways, although to the processed food addict, this statement also comes with a mixed message, a half-truth. The processed food addict has the delusional belief, *“I have to be good then God will be on my side. If I pray, listen to preachers, profess Jesus/Baha'u'llah/Buddha/ad infinitum, follow their teachings, directions, or guidance of the law in the Torah/Bible, etc., go to church, the synagogue, or a temple then I will be redeemed. I've changed my ways therefore God is ok with me and He won't be angry. But, I know this is conditional – I have to keep working at being good. I have to follow the rules because remember, I am bad. God will just keep my life miserable, unbearable. Remember, I'm bad because I can't stop ingesting processed food like normal people. I can't get this weight off and keep it off; I'm a leper; a piece of s*** as far as God (and society) thinks of me and I should be bloody grateful he's even keeping me alive.”*

4.1 Self-blame and Guilt

Odap focuses his strategies on continuously alluring and persuading the processed food addict to listen only to him and do only what he says by referring relentlessly to the processed food addict's self-blame and guilt cemented in the early days while the disease was manifesting. I encourage any individual to go back and contemplate how very subtle the disease of peínamania's progression was. Can one identify when odap came in, whispering sweet nothings in one's ears, setting in motion the fuel to generate a processed food addict's pain, fear, and despair, whilst hiding the injustices experienced by using its voice to MAINTAIN the individual's guilt? Whatever violations the processed food addict makes, they are always their fault.

As it continually promotes one's complete loss and absence of hope, it is more likely that the processed food addict will, in utter desperation, turn to this voice for hope and **redemption**. For the processed food addict, this 'voice' feels so real; it is truth, no doubts about it. Remember, *“You are bad, and could not possibly have a brain, or think anything differently. Have a look in the mirror and at your past behaviours. It is all your fault!”*

Greatest Hypocrisy of all Time: Shame and Guilt for Suffering from Peínamania

In summary, odap works bilaterally, addressing both sides of the coin. On one hand, it affirms that the processed food addict's pain, fear, and distress will cease, whilst on the other hand, it affirms that the fulfillment of their wishes and desires is just around the corner –

when they have (wait for it) – *lost the weight*. This is a fatal song that is played over and over to a processed food addict!

Susurrant undertones of false love and care entice the processed food addict endlessly. *Despite the fact that you are an inconvenience to all and sundry, not to worry, I am sure there are more appalling individuals than you (somewhere)*. The undertones then quickly change to more calming and consoling inflections, whispering to the processed food addict, *I can help you to be more lovable, successful, pretty, more in control and more respectable. I can give you happiness, your dream job, and your Mills and Boons hero. BUT you must fully obey everything I say. I am the only one you can completely rely on – as the records show, haven't I already helped you to lose weight 'before'? We can do it again, only this time it will be permanent. Haven't I always been there since this all started – this weight business. I have never left you. But now it's time to get serious; this time it will be different. So here's how! You just need to work harder and have more willpower and self-discipline, that's all. I know you can do it – in fact you will excel at it.*

WHAT IS MY SOLUTION? LOSE WEIGHT!!!

This devilish imp – odap – promises every processed food addict the fastest and most unquestionable scheme for reaching the epitome of womanhood; the greatest physical makeover of all time. When a processed food addict is reaching the last stages of processed food addiction, the disease is progressing faster and faster and their control over processed food *and now* people, places and things is waning, at a time of anguish, disorientation and loss and a head that won't shut up, it is not hard to understand why they find it almost impossible to resist odap's *pledge of perfection*. The enticement from trusting odap continues being promised, *You will fulfill your dream of control, and as a consequence, be loved, needed and wanted by all – perfect happiness, and a comfortable life without any problems*. Then the ultimate – the selling of one's soul – is complete.

5. The Beginning of the End

Up to this point, I have focussed on how the disease insinuates itself into the lives of processed food addicts. I will now change the focus to where it ends for the processed food addict and recovery begins!

Growing up in their earlier years, processed food addicts typically never trusted anyone, as everyone let them down in their eyes and experiences. Churches, parents, teachers, health professionals, the health systems in their entirety, etc. Most of all, a processed food

addict cannot even trust themselves. *“I ALWAYS broke my diets and ended up eating more. So how could I trust myself, let alone anyone else. Everyone kept telling me, just do this, or just do that ... Easy for them to say – nobody seemed to understand!”*

Thus far, I have written about how odap swoops in on hope and redemption. Its main hold over a processed food addict keeps them hostage via its ultimate promise, *I will help you to lose weight*, so bringing about the person’s redemption. In order to do this, odap demands the processed food addict exercise her willpower, self-control, and self-discipline in the hope of becoming a better and worthier person. However, the disease is not about willpower, self-control, and discipline; it is a chronic uncommunicable disease. That is like telling a person suffering from the chronic disease of diabetes to think down their blood sugars with mind controls – more willpower and self-discipline.

Through sharing, listening, counselling and diagnosing and treating the disease of addiction for over nearly three decades now and specifically processed food addiction – peínamania – for the last 15 years, I have never seen a real processed food addict lose weight AND keep it off with willpower. Sooner or later a relapse inevitably occurs. It is impossible to make a normal eater out of a processed food addict. That is like saying that a person who suffers from the disease of diabetes will one day have their pancreas return to normal functioning. Science may come up with a solution one day but it hasn’t done so yet.

The disease sets up processed food addicts (and all addicts for that matter, I believe) for exploitation and abuse. Why? Because the addict will do what the disease says and sooner or later go back to the ultimate slayer – ingesting processed food (along with drinking or drugging).

I have shared how the disease stays invisible by putting the blame onto the individual. *Remember it is ALL YOUR FAULT that you are the processed food addict. You are an imperfect human being. It has to be your fault.* Then it follows on with how self-centred they are. As self-will runs riot (all in the name of the frenzy to get to that next packet), then that’s their fault too. Then they are blamed for the sin of gluttony, for not being able to control their ingesting. They’re a leper in society and there is definitely no hope for them ... *unless* they ‘redeem’ themselves by admitting they’re not perfect and unable to control their food intake like everyone else.

This then effectively closes the door to an individual from seeking professional help, let alone following through with the professionals guidance and treatment if they are still

blaming themselves for their disease. They have not comprehended the fact that it is a chronic malady analogous to other noncommunicable diseases, cardiovascular diseases, diabetes, cancer, TB, and the like. All these diseases are incurable but can be managed. The disease goes into remission provided the patient follows the specialist's treatment regime. For example, a patient may see a specialist for a diabetes or cardiac disease diagnosis and treatment regime. It is not their fault their pancreas may be unable to produce insulin, or that their heart may be damaged or weakened. Similarly with processed food addiction. A potential processed food addict consults a specialist for the diagnosis and treatment of the disease, not because it is their fault they cannot ingest processed food like other people. They suffer from a mental obsession so subtly powerful that they are unable to stop, and experience a physical craving for more. Hence, the addictions specialist treats the processed food addict for processed food addiction and then guides them in keeping the disease of addiction in remission – *not* to make the processed food addict into a good person ...

The core of a processed food addict's disease is that they feel like failures/lepers. This is reflected in their continued inability to lose weight, and or keep it off, as well as their inability to remain in a functional relationship at home, at work, with friendships, etc. They have been teased, taunted, and made to feel 'lesser than' by loved ones, so-called friends at school, tertiary institutions, and work, because everyone else seems to be able to do the impossible – lose weight and keep it off, or accept themselves as they are. Then once again – the wholly mistaken merry-go-round of delusional thinking persists: "*It must be my fault.*" One look in the mirror confirms this, thus keeping the processed food addict in bondage well into post-recovery, as they are continually still trying to redeem themselves.

The reality is, understanding the disease of peínamania symptomatology through to diagnosis, treatment, and recovery is critical and essential to address. Primarily as professionals, we have a responsibility for the processed food addict's sanity let alone their continued abstinence, sobriety, and peace of mind. No processed food addict 'should' or in fact actually 'need' to sit in their specialist's clinic week after week, month after month, year after year for the rest of their lives. Just like other chronic illnesses, this malady does respond to treatment and can go into remission, allowing the individual to go on to live a fulfilling, constructive, and productive life.

In conclusion, it is my responsibility as a specialist specifically treating processed food addiction to help the patient understand this is an incurable disease, not a behavioural disorder or moral dilemma. The processed food addict starts off being in denial that anything

is the matter, lying about their ingesting, rationalising why they can't eat this, or why they 'had' to do that, or why they are bingeing once again ... why, why, why. They are continually covering it up, blaming themselves and any number of people, places, or things. This is not because they are deceitful or devious individuals, but because they are addicted to processed food and need it to continue functioning. They may appear stubborn and wilful, but their addiction masterminds their actions and overrules their ability to make sane and rational decisions.

In recovery, there are several factors to take into account when seeking signs of effective treatment.

When the processed food addict voluntarily gives up control, their disposition appears to be more serene and at peace. What seemed like a never-ending struggle is subsiding and they are no longer alone. When the processed food addict at last surrenders control, they are recognising and admitting that the inner physical drive to ingest operates independently of and overrides their will to stay abstinent. With an inner conviction, they finally see, at last, that they can no more control their ingesting urge by willpower than the diabetic can think down their blood sugar, or the heart patient can drum up enough stamina to run a marathon. A body process is at work that is well beyond the spirit of will.

Once the processed food addict acknowledges this process and surrenders control – *“I can't fix this, I have a disease and I need specialist treatment to guide me”* – then they have commenced the process of firmly cementing their abstinence and sustained recovery from such a fatal disease – the malady of processed food addiction – peina mania.

References

- Al-Ateeq, M.A., & Al-Rusaiees, A. A. (2015). Health Education During Antenatal Care: The need for more. *International Journal of Women's Health*, 2015. 239-242
<https://doi.org/10.2147/IJWH.S75164>
- Barrenberg, E., Knopf, H. & Garbe, E. (2018). Over-The-Counter (OTC) Drug Consumption among Adults Living in Germany: Results from the German Health Interview and Examination Survey for Adults 2008–2011 (DEGS1). *Pharmacy*, 6, Article 52.
<https://www.mdpi.com/2226-4787/6/2/52>
- Karriker-Jaffe, K. J., Klinger, J. L., Witbrodt, J., & Kaskutas, L. (2018). Effects of Treatment Type on Alcohol Consumption Partially Mediated by Alcoholics Anonymous Attendance. *Substance Use & Misuse*, 53, 596-605, <https://doi.org/10.1080/10826084.2017.1349800>
- Kelly, J.F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step Programs for Alcohol Use Disorder. *Cochrane Database of Systematic Reviews* 3.
<https://doi.org/10.1002/14651858.CD012880.pub2>
- Leung, J., Chiu, C. Y. V., Stjepanović, D., & Hall, W. (2018). Has the Legalisation of Medical and Recreational Cannabis Use in the USA Affected the Prevalence of Cannabis Use and Cannabis Use Disorders? *Current Addiction Reports*, 5(4), 403-417.
- Lucke, J., Jensen, C., Dunn, M., Chan, G., Forlini, C., Kaye, C., Partridge, B., Farrell, M., Racine, E. & Hall, W. (2018). Non-medical Prescription Stimulant Use to Improve Academic Performance Among Australian University Students: Prevalence and correlates of use. *BMC Public Health*, 18, Article 1270. <https://doi.org/10.1186/s12889-018-6212-0>
- McCuen-Wurst, C., Ruggieri, M., & Allison, K. C. (2017). Disordered Eating and Obesity: Associations between binge eating-disorder, night-eating syndrome, and weight-related comorbidities. *Annals of the New York Academy of Sciences*, 1411, (1), 96 – 105.
<https://doi.org/10.1111/nyas.13467>

- Mitchell, D. (2022). *Silkworth. The Little Doctor Who Loved Drunks*. Hazelden, Center City, Minnesota, USA
- Oh, S., Vaughn, M. G., Salas-Wright, C. P., Milan, A., AbiNadere, M. A. & Sanchez, M. (2020). Driving under the Influence of Alcohol: Findings from the NSDUH, 2002-2017. *Addictive Behaviors*, 108, doi.org/10.1016/j.addbeh.2020.106439
- Raymond, K-L (2019). *Processed Food Addict: Is this me?* Australia: KLWR publications. URL: <https://www.amazon.com.au/dp/B081TSBV27>
- Raymond, K-L. (2020). The Disease of Processed Food Addiction: The Mental Twist Phenomenon. Karren-Lee Addictionology®: Brisbane Australia. <https://addictionology.com.au/publications/>
- Raymond, K-L. (2020). The Disease of Processed Food Addiction: Treating the Cause not the Symptoms... *Karren-Lee Addictionology®*: Brisbane Australia. <https://addictionology.com.au/publications/>
- Raymond, K-L., Hsueh-Chih Lai, S., & Lovell, G.P. (2020). Alcoholism History Repeats: Processed Food Addiction, a 21st Century Phenomenon. *Karren-Lee Addictionology®*. Brisbane Australia. <https://addictionology.com.au/publications/>
- Raymond, K-L. (2021). The Disease of Processed Food Addiction: AKA Peínamania. *Karren-Lee Addictionology®*: Brisbane Australia. <https://addictionology.com.au/publications/>
- Raymond, K-L. (2021). A Novel, Clinical Case Study of a Processed Food Addict: aka – Peínamania. *National Institute of Peínamania®*. Brisbane, Queensland, Australia. <https://addictionology.com.au/publications/>
- Silkworth, W.D. (1939). A New Approach to Psychotherapy in Chronic Alcoholism. *Journal-Lancet*, 46. Available at: <https://aachilternthames.org.uk/silkworth-new-approach-psychotherapy-chronic-alcoholism/>
- White, W.L. (2014). 2nd ed. *Slaying the Dragon: The history of addiction treatment and recovery in America*. USA: Chestnut Health Systems/Lighthouse Institute.